

Iowa Medicaid Enterprise-Medical Services

Children's Mental Health Waiver Help Sheet

Medical Services Contact Information:

CONTACT	TITLE	PHONE	EMAIL ADDRESS
Shelia Leonard, LMHC	CMH Review Coordinator	515-725-1008	sleonar@dhs.state.ia.us
Vicki Vermie, LISW	Manager, Medicaid Quality & Accountability	515-725-1008	vvermie2@dhs.state.ia.us

To submit an assessment/reassessment for CMH level of care determination:

- Location/number: Iowa Medicaid Enterprise-Medical Services Unit
PO Box 36478 Des Moines, Iowa 50315
515-275-1008 (local), 1-800-383-1173
 - **Assessment documents are only to be faxed to 515-725-0931**
Indicate on fax cover sheet:
 - + the type of service (CMH) you are requesting,
 - + the child's name,
 - + date of birth (DOB), and
 - + state identification number (SID)
 - Fax each child's assessment and diagnostic information *at the same time*.
 - Fax each child's information separately; *which means dialing IME Medical Services fax number every time feeding through one child's assessment and diagnosis*.
 - Please provide your fax number on your cover sheet.
- CMH questions for Medical Services may be sent to the CMH coordinator, Shelia Leonard, but do not utilize the e-mail address to submit requests for authorization of services.
- Medical Services completes initial reviews within two (2) business days and continuing stay reviews (CSR) within five (5) business days upon receipt of complete information (assessment, diagnostic information, and ISIS entry).
- If you have questions regarding this change of procedure, please call Medical Services at 515-725-1008 (local) or 800-383-1173.

Billing or payment questions should be addressed to Provider Services at 515-725-1004 (local) or 800-338-7909.

Assessment Tool Hints:

Behaviors:

Complete the assessment tool regarding behaviors of concern within the last **three** months. Behaviors with significant implications for safety of the child or others that have occurred within the past year may be noted at your discretion. See Behavioral Help Sheet for a list of behaviors, which may be the focus of treatment.

Documentation:

Use **page three** of the assessment tool for **additional information** not indicated elsewhere but believed to be of value. See Family/Caregiver Help Sheet for descriptions of potential concerns relative to familial support, supervision and care.

Outcome of the Assessment:

Describe the process upon completion of assessment for parent *while* **deferring the level of care determination** for CMH Waiver to Medical Services.